Co–occurring Disorders: Overview

COSIG teleconference

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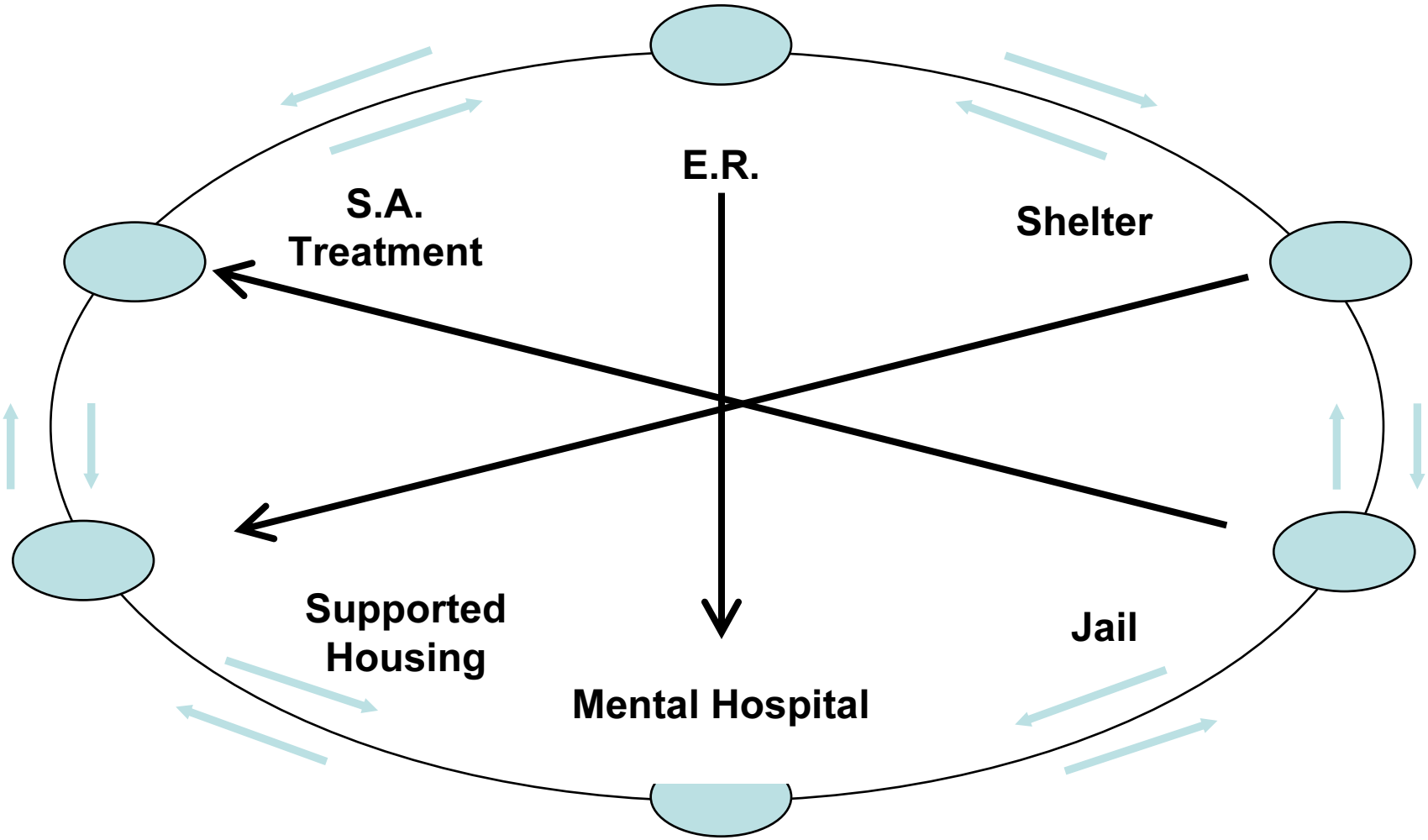
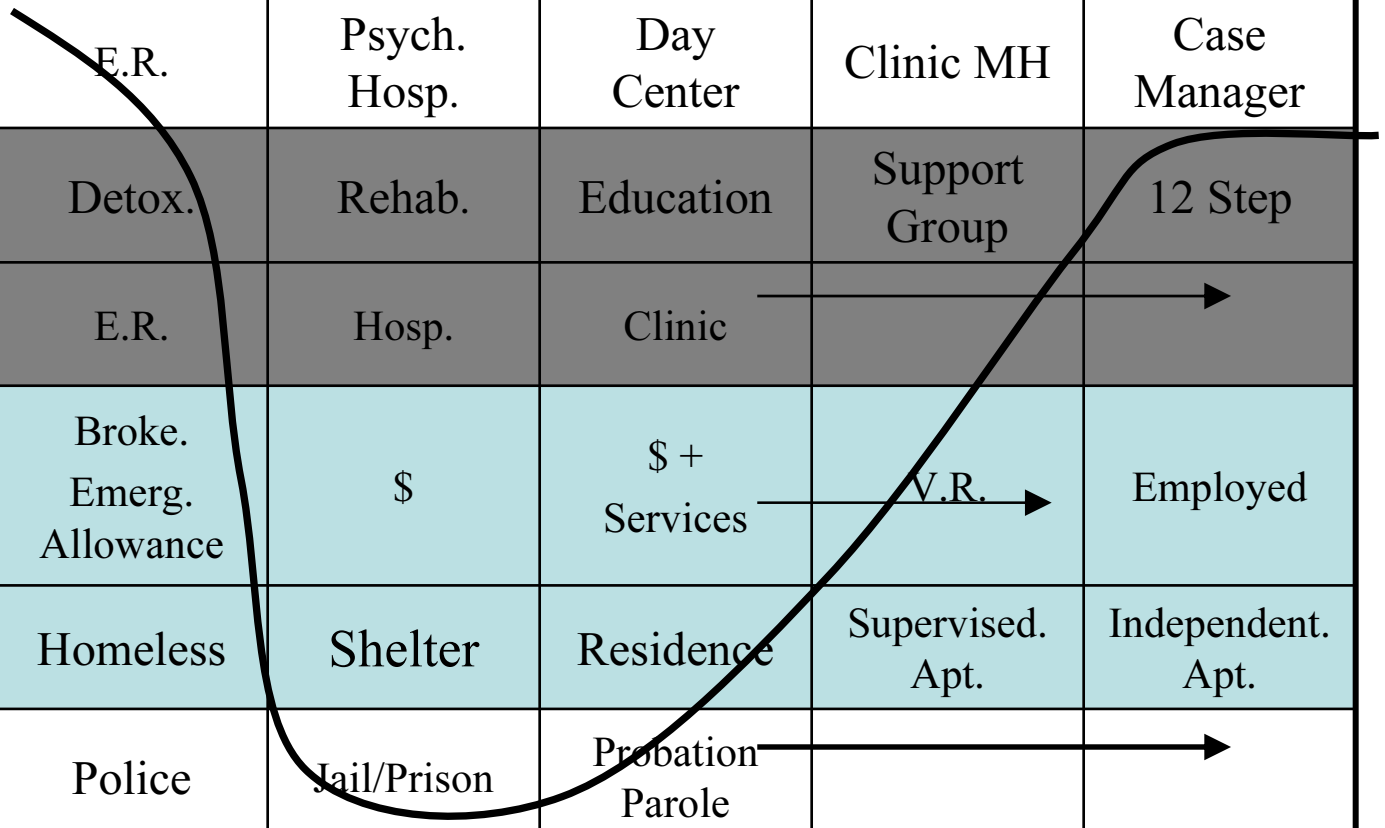
From Crisis to Recovery to Relapse



Vertical & Horizontal Service Integration

Phase of Cycle	Crisis (RELAPSE)	Severe	Convalesce	Rehab.	Support
Mental Health	E.R.	Psych. Hosp.	Day Center	Clinic MH	Case Manager
Subs Abuse	Detox.	Rehab.	Education	Support Group	12 Step
Medical	E.R.	Hosp.	Clinic	→	→
$ Social Services	Broke. Emerg. Allowance	$	$ + Services	V.R. →	Employed
Housing	Homeless	Shelter	Residence	Supervised. Apt.	Independent. Apt.
Public Safety	Police	Jail/Prison	Probation Parole	→	→



The NIDA Principles of Drug Addiction Treatment

1. No single treatment is appropriate for all individuals.
2. Treatment needs to be readily available.
3. Effective treatment attends to multiple needs of the individual, not just his or her drug use.
4. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs.
5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness

The NIDA Principles of Drug Addiction Treatment

6. Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction.
7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies,
8. Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.
9. Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.

The NIDA Principles of Drug Addiction Treatment

10. Treatment does not need to be voluntary to be effective.
11. Possible drug use during treatment must be monitored continuously.
12. Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases, and counseling to help patients modify or change behaviors that place themselves or others at risk of infection.
13. Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.

National Co-occurring Disorders Survey

- Both **lifetime** and **past year** disorders were estimated;
- 48% had at least one lifetime disorder;
- 79% of all lifetime disorders occurred among persons reporting two or more disorders

Source: February, 1994 Kessler, et al. in Archives of General Psychiatry

National Co-occurring Disorders Survey

- 14% of respondents had 3 or more lifetime disorders. They collected:
  - 53.9% of all lifetime disorders,
  - 58.9% of all past year disorders, and
  - **89.5%** of all past year severe disorders

National Co-occurring Disorders Survey

- **8-11** million have at least 1 mental health and 1 substance-related disorder

- 89% developed mental illness first-
- 9% developed substance abuse first

  - **Median age of onset:**
  - **Mental Illness - 11**
  - **Substance Abuse - 17-21**

Source: February, 1994 Kessler, et al. in Archives of General Psychiatry

The take home prevention messages:

#1: There is a

Window of opportunity

for preventing substance abuse, by focusing on a high risk group: kids with anxiety, depression, ADHD, conduct disorder, etc.

But if we don't help them as children, we will meet them in jail as adolescents and as adults in prison, with co-occurring disorders

The take home prevention messages:

#2: There is another **Window of opportunity**

- To prevent chronicity and disability we must treat early , since one untreated disorder leads to another, and a third… and three ‘little ones’ more than equal a ‘big one’.

Public Health principles: **Levels of Prevention**

- Primary Prevention: Keep the first disorder from developing: e.g., vaccination
- Secondary Prevention: Acute treatment, to prevent chronicity and disability
- Tertiary Prevention: Long-term treatment and support for chronic, often disabling disorders

The costs of prevention levels

- Primary prevention: cheapest per person
- Secondary prevention; Expensive short-term per person, but can avoid long-term costs
- Tertiary prevention: (Care of the chronic, disabled patient) Most expensive

Program costs vary greatly

Estimated average annual costs:

- Incarceration $50,000
- Hospitalization $70,000
- ACT team services: $30,000
- Good parole/probation: $5-10,000
- Out-pt mental health: $5-10,000
- Public education/prevention costs pennies
- What are the costs and benefits of family support, child care, and good schools?

Why are total, long-term costs not used in planning? Because…

- State, local, and federal budgets are separate and competitive for the same dollar
- Legislatures and the Executive Branch compete at every level of government
- Mechanisms for estimating total social costs are weak and short-term
- Pepper's Principle of Politics

How about a balanced, prioritized, investment portfolio?

- Some for prevention,
- Some for expensive acute care, and
- Some for supportive treatment of the disabled, including housing, health care, etc.

Rather than spending almost all on the disabled, almost none on prevention, and too little on acute care

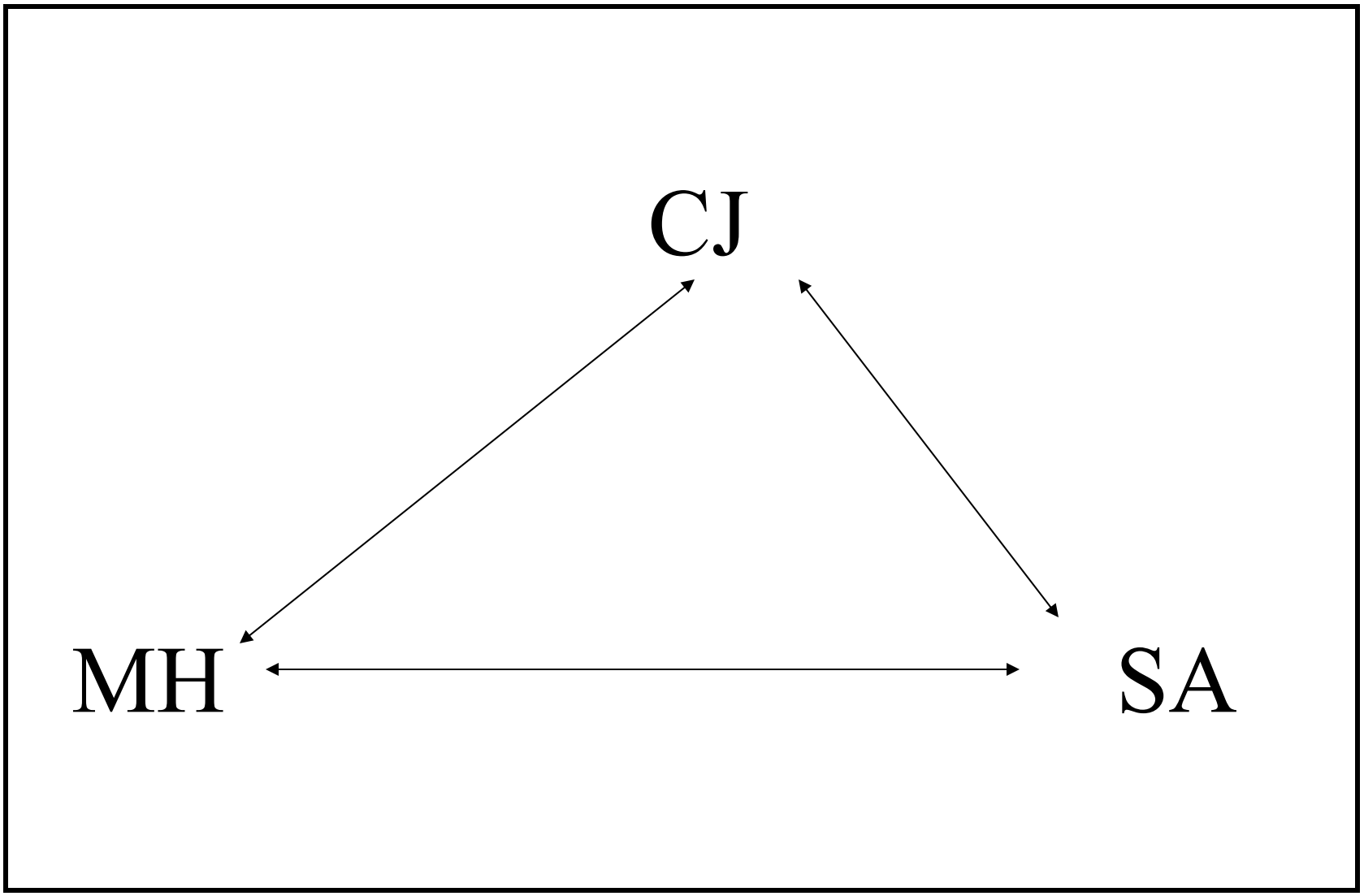
The three system view

Because many with COD are in the CJ system,

- The **mental health system** and the **substance abuse treatment systems**

  must collaborate with

- The police, judges, the courts, jails, prisons, probation, and parole


CJ
MH
SA

Facts about Crime, SA, & MI

- In 1955: The nation's number of psychiatric Hospital beds:

560,000

- In 2002: The nation's number of psychiatric Hospital beds:

60,000

Population increase: 100 million

Facts about Crime, SA, & MI

- In 1972: The nation's number in jail and prison, local, state, federal:

196,000

- In 2003: The number in jail and prison,

2,078,570

The correctional population is still growing

- Justice Department report: 2003 data
- Total under supervision: 6.9 million, 3.2% of the adult population
- 691,303 in jails, up 3.9%
- 1,387,269 in prisons: Total 2,078,570, up 2.3%

Correctional population still growing

- 4,073,987 on probation, up 1.2%
- 774,588 on parole, up 3.1%
- 41% on parole are black, 40% white
- 13% of parolees are women; increasing
- Texas: 534,260 on parole
- California: 485,039

Over 500,000 felons are released from prison each year; many with COD.

Without treatment, many will return to drugs…psychosis… and crime

Mandated treatment works!

- Treatment for MH or SA is rarely really voluntary:
- The mandate many be from a spouse, an employer, a judge,
- Or from the ***Self***, when **Pain** is greater than **Shame**

Three Approaches to the Dually Diagnosed in the Justice System:

I. Diversion

from the CJ system is the goal at the time of:

- Arrest
- Arraignment
- Sentencing

- MH & SA authorities share responsibility with police and courts
- An insufficiency of resources, planning, and coordination can lead to excessive incarceration

Three Approaches to the Dually Diagnosed in the Justice System:

II: *Treatment*

during incarceration is the responsibility of jail and prison authorities:

- Is treatment a goal of incarceration?
- Is treatment funded?
- Who among the incarcerated need and can benefit from treatment?

Three Approaches to the Dually Diagnosed in the Justice System:

III:***Post-release Services***

- Treatment and supervision after release are essential to maintain the benefit of institutional improvement
- Is this is the responsibility of Mental Health? Of Probation? Is responsibility joint?
- How is the transfer handled?
- Are these services funded?
- What about access to benefits, civil rights?

Treatment approaches to interactive co-occurring disorders

- No treatment– worst!
- Treat one disorder– bad!
- Sequential treatment– bad!
- Parallel treatment– not as bad
- Collaborative treatment– better
- Integrated treatment– **Best!**

Why integrated treatment?

- Among those with co-occurring disorders:

- The commonest cause of psychiatric relapse is resumption of AOD ***USE,*** not necessarily abuse

- The commonest cause of relapse to AOD is untreated psychiatric disorders, especially depression and anxiety

A definition of
Integrated Treatment (I.T.)

The design and provision of a long-term, time-phased treatment plan using a planned sequence of of techniques:

That is:

- Titrated in intensity,
- Responsive to the many changing symptoms and disorders of the patient.

I.T. may be provided by a cross-trained clinician or team

Evidence Based Integrated treatments

- Assertive Community Treatment (ACT) teams
- PATHWAYS TO HOUSING- Housing First-
- PROTOTYPES- Mothers and children
- Modified Therapeutic Communities
- Hall-Brooke+ Homestead: day hospital + residence
- TC's in prisons
- Community systems of care
- DBT for BPD

Double Trouble Recovery aids medication compliance

- One year follow up of 240 members of DRT groups
- Regular attendance correlated with 79% adherence to prescribed meds; upper end of compliance studies
- Fewer psych hospitalizations
- 12 step groups don't usually support compliance, but they can, and some do; e.g., DTR
- Magura, et al, Psychiatric Services, 3/02

The dual focus approach for assessing and treating co-occurring disorders

- Initial focus is on severity of presenting symptoms, not on diagnosis/ treatment of either disorder
- Acute crisis intervention and crisis management
- Acute, sub acute, and long term stabilization
- Diagnostic efforts are continuous; Dx may change
- Contract and plan for longitudinal treatment, to recovery

Harm reduction v. abstinence

- 12 Step usually demands total abstinence, which is acceptable when treatment is voluntary
- Harm reduction, with a goal of abstinence if and when possible, is commonly used in professional treatment. It leads to less resistance and enhances motivational interviewing and related techniques

- 12 step is not usually noted to support meds compliance

- 12 step is not incompatible with use of prescribed medication: AA publishes

  The Alcoholic and Prescribed Medications

Take home message: guide your client to the right 12 step group!

Child sexual abuse in one TC population

- 100% of the women had been prostitutes to support their drug habit **and** had been sexually abused in childhood. Many met PTSD criteria.
- 70% of the men had been sexually abused as boys

Treatment Guidelines for PTSD from the International Consensus Group on Depression and Anxiety

- Anxiety management
- Cognitive therapy
- Exposure therapy (Edna Foa)
- Play therapy for children
- Psycho-education (what is a panic attack; the locus ceruleus; etc.)

In Conclusion

- Trauma & PTSD may be a key link between MH & SA problems
- There is a prevention window of opportunity with kids:
  - Keep them safe
  - Treat their MH problems promptly, to prevent SA
- Sub-diagnostic PTSD may contribute greatly to co-occurring disorders
- Such individuals have low self-esteem, trouble with intimacy, and for them
- Alcohol & drugs are their best friends

Conflicts between substance abuse and mental health treatment

1. Support versus confrontation
2. Therapist self–disclosure?
3. Non-directive versus directive
4. Building self-esteem versus shaming
5. Harm reduction versus abstinence
6. Agent of the patient versus agent of the program, or of society
7. Trust the patient or test the urine